

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

April 11, 2023

[REDACTED]
MENTOR ABI LLC
6816 WEST LAKE ROAD
FAIRVIEW, PA, 16415

RE: NEURORESTORATIVE
PENNSYLVANIA
6816 WEST LAKE ROAD
FAIRVIEW, PA, 16415
LICENSE/COC#: 44710

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/07/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,

[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *NEURORESTORATIVE PENNSYLVANIA* License #: *44710* License Expiration: *11/05/2023*
 Address: *6816 WEST LAKE ROAD, FAIRVIEW, PA 16415*
 County: *ERIE* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *MENTOR ABI LLC*
 Address: *6816 WEST LAKE ROAD, FAIRVIEW, PA, 16415*
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *R-3* Date: *10/02/2015* Issued By: *Fairview Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *6* Waking Staff: *5*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Incident* Exit Conference Date: *02/07/2023*

Inspection Dates and Department Representative

02/07/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *8* Residents Served: *4*

Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:

Hospice
 Current Residents: *0*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *0*
 Diagnosed with Mental Illness: *3* Diagnosed with Intellectual Disability: *1*
 Have Mobility Need: *2* Have Physical Disability: *1*

Inspections / Reviews

02/07/2023 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/27/2023*

03/18/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *04/11/2023*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/24/2023*

Inspections / Reviews (*continued*)

04/06/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/11/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 04/13/2023

04/11/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/11/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

23a - Activities of Daily Living Assistance

1. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

The assessment and support plan, dated [REDACTED], for resident #1 indicates the resident requires assistance with transfers [REDACTED]. On 1/31/23, the resident did not receive this assistance as required.

Plan of Correction

Accept (SQ - 03/18/2023)

The staff member #1 was trained on all participant RASPs by [REDACTED] on 2/27/23. All staff members will be trained on each individual RASP by [REDACTED] on 3/13/22- 3/15/22. Moving forward participant RASPs will be available on PCC/ POC; staff will be required to review each participant plan every shift and sign off on it after reviewing. This process will be fully implemented by 3/31/22.

Licensee's Proposed Overall Completion Date: 03/10/2023

Implemented (SQ - 04/11/2023)

42c - Treatment of Residents

2. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On 1-31-23, staff #1 was using profanity outside on the porch of the home where the residents were able to hear.

Plan of Correction

Accept (SQ - 04/06/2023)

Staff member #1 was trained on Resident Rights, Respect & Dignity, Effective Boundaries, Positive interaction techniques, professional boundaries, Burn out and Team building on 2/27/23 by [REDACTED]. All staff members were trained and educated at an all staff meeting on 3/2/23 by [REDACTED]. All staff will be educated by GECAC on 3/30/23 regarding participant abuse. To ensure compliance the CM or designee will conduct Safety Assessments with the participants of the home weekly x 1 month, then monthly x 3 months and then one time during Q3 and Q4.

Once a week beginning this week (April 4th) through the month of April

Then monthly May, June and July

Then once a quarter during the next two quarters Aug, Sept, Oct and Nov, Dec, Jan.

Licensee's Proposed Overall Completion Date: 04/04/2023

Implemented (SQ - 04/11/2023)